



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

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Message From the President

by Cordelia Esry, PhD, RN
President, Missouri State Board of Nursing

It is again the dawn of a new year. By the time that you get this newsletter, the year will be a hustling teenager, based on a life span of 12 months, and we will still be dealing with the issues of living day to day. But there is good news (and then there is bad news!) The good (best) news of all is that we live in a FREE country, the good ole' USA. The bad news is that nothing worth having is FREE so we have to assume the responsibilities of living in a free society and contend with law and order. So, the prime focus of this article will be to remind you of your professional responsibility to practice legally.



Esry

All of you: Address changes are of the utmost importance. If you move or change both your name and/or address please notify the State Board of Nursing. LPN license notices were sent out early in February; if your address is not current you may not receive the notification. If your license is not renewed by May 31 you will be subject to discipline for practicing unlawfully in the state of Missouri. Sound mean? It is just the law!

For the Advanced Practice Nurses: By rule (4 CSR 200-4.100), all individuals titling and practicing as advanced practice nurses in Missouri must have both a permanent license as a registered professional nurse and a "Document of Recognition" from the Missouri State Board of Nursing. This means that once you intend to title, represent yourself, assume a position and practice as a nurse anesthetist, nurse midwife, nurse practitioner, or clinical nurse specialist in Missouri, you must have a permanent RN license and also be recognized by the Board as able to title and practice within a specific advanced practice clinical nursing specialty area and role. For some of you, your completed APN application will result in recognition based

on your recent graduation from an advanced nursing education program (graduate). Others of you will be recognized on the basis of meeting specific rule criteria of the Board (noncertified) or on the basis of certification from a Board-accepted nationally recognized certifying body (certified).

None of the advanced practice nurse recognition expiration dates are concurrent with the expiration date of your RN license, so it may offer a confusing set of circumstances. It is of utmost importance to all of you titling and practicing as advanced practice nurses to be sure that your Missouri RN license is current and your advanced practice nurse recognition is in place and current. Remember that it is Missouri's laws that determine your requirements for title and practice in an advanced practice role and not the directives of national certifying bodies. If you are titling or practicing and are not recognized by the Board your license will be subject to discipline for titling and practicing unlawfully in the State of Missouri. Sound mean? It is just the law!

Circumstances where the above requirements are not in place cause both the Board staff and the Board members consternation. It is not the desire of the Board to discipline nurses who are attempting to practice under the law so this is just an attempt to explain once again some of the nuances of the law which each of you can easily manage. Thanks for being conscientious and prompt.

I would be remiss if I did not thank Pat Versluis, RN, Neosho, Mo., an immediate past board member and the board president in 1999-2000, for her service on the board. Pat Porterfield, RN, St. Charles, Mo., will also be sorely missed as we all appreciated her willingness to do whatever was necessary. She served in various offices and on many planning committees. Ian Davis, LPN, Blue Springs, Mo., resigned in June, and is yet to be replaced! You are a hard program to follow, Ian. Thanks, guys, from your friends on the board, the board staff and all the nurses in the state for your dedication and service to the profession.

Finally, the best to each of you and yours in this New Year as you practice in your profession of choice.

"Nurses, Making A Difference One Life at a Time"

by Valerie Lyon, RN, BSN
Manager Intensive Care Unit and
Non Invasive Cardiology
Capital Region Medical Center, Jefferson City

Our national health care system is a hot topic in the news lately. I admit finding much of what is aired on the subject to be disturbing. It seems odd that I have been in the health care profession for over twenty-three years yet have not witnessed someone dying due to a medication error, or having the wrong limb/organ removed during surgery. But one story I keep hearing is truly frightening: The nursing shortage.

As baby boomers age, they will be relying on the services of the health care system, increasing the demand on its resources. And those resources are declining. I envision caring for patients while using a cane, walker, or wheelchair myself. To me, this is frightening. Who will be there in the future to care for those in need? Will today's youth accept the challenges and rewards of a nursing career? It is up to all of us to encourage them to answer this calling.

Perhaps we should begin by reexamining the term "nurse". The name does not begin to depict the nature of the career. Nursing has come far and changed dramati-

cally, since its inception. In the course of a day, a modern nurse may provide emotional support to the patient who has just received startling news; teach about treatment plans and expectations, thereby helping to decrease anxieties; assess self care deficits, and implement courses of action to alleviate these deficits; assure that treatments delivered are up to date and accurate; and encourage adherence to the travails of therapy, realizing that the reward is personal independence. And this is just the beginning.

I would like to share a true personal story to offer a snapshot of what modern nursing can do. We received an elderly patient into the intensive care unit, post-operative carotid endarterectomy. She had a large cerebral vascular accident (CVA) immediately post operative. The physicians painted a grim picture for the patient's family. She had been independent prior to the surgery, so the news was a shock to them.

Over time, the nursing staff learned that the one part of life this patient truly loved was her grandson. She had been raising him. He was a senior in high school, and on his way to earning a full basketball scholarship. This grandson was particularly devastated by the doctors' grim news, to



Valerie Lyon

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Inside this issue....

Changes on Board of Nursing	2
Center for Disease Control and Prevention	3
Licensure Corner	5
Practice Corner	10
Discipline Corner	13
Education Corner	14
Disciplinary Action	15
Number of Licensured Nurses	21
Change Form	22

Changes on the Board of Nursing

Reappointments
We are pleased to announce the reappointment of the following current board members to additional terms.
Arthur Bante – Term expiration 8/13/2004
Robin Vogt – Term expiration 6/1/2005
Charlotte York – Term expiration 6/1/2005

Appointments
Two new members have been appointed to the Board of Nursing. Please join us in welcoming Teri A. Murray PhD, RN, and Hillred Kay Thurston, ADN, RN.

Dr. Teri A. Murray was appointed to the Board of Nursing in October 2001. Dr. Murray received her bachelor’s degree in nursing from St. Louis University. She holds a master’s degree in education from the University of Missouri-St. Louis, a master’s degree in nursing specializing in community health from St. Louis University and a doctor of philosophy degree in higher education administration from St. Louis University.



Murray

Teri is currently the director of the undergraduate nursing program at Barnes College of Nursing and Health Studies at the University of Missouri-St. Louis. Her responsibility is to provide leadership for the baccalaureate program, which encompasses the traditional four-year generic track, accelerated track, the honor’s track and RN completion track. She has been a nurse educator for 19 years.

Prior to becoming an educator, Teri worked in the specialty area of home health nursing. She has conducted numerous national workshops/presentations related to topics in home health nursing in cities such as New York, San Francisco, Orlando and Dallas as well as others. She has conducted research and published several articles on the transitional aspects of switching from hospital-based nursing practice to home care nursing as well as co-authored chapters in a home care nursing textbook. She has been successful in obtaining nearly a quarter of a million dollars in external funding for Barnes College of Nursing and Health Studies.

Teri is married and has an adult son. She attends church regularly and is actively involved in providing information on health related topics to the women’s fellowship group and youth groups. Her hobbies include leisure reading, gardening and sailing.

Hillred Kay Thurston, ADN, RN, was appointed to the Board of Nursing in November 2001. She received an Associate Degree in Nursing from Southeast Missouri State University in 1979. She is presently employed at Saint Francis Medical Center in Cape Girardeau, Mo.



Thurston

Kay has served in leadership

roles as a registered nurse in a variety of rural health settings in Southeast Missouri. Her vast experience in nursing has given her insight and expertise in nursing practice in many areas of health care to include the fast, demanding pace of emergency and intensive care nursing, geriatrics and more recently Women’s Health Services.

Kay resides in Dexter, Mo., with her husband Mike. They have three sons and four grandsons.

Departing Members
We would like to express our sincere appreciation to our departing Board members, Patricia Porterfield, RN and Patricia Versluis, RN. The contributions of time and expertise of both of these dedicated professionals has been of great benefit to the Board of Nursing. Pat Porterfield commented, “My experience on the Board has given me a broader view of regulation and the great responsibilities of the Board.” In addition she wanted to assure the nurses in Missouri that “they should feel confident that protection of the public as well as regulation of the profession are in good hands.” Pat Versluis said, “Serving as a member of the MSBN was one of the most rewarding experiences of my professional life.” She continued, “Seeing firsthand how our Board meets its mission, to protect the people of Missouri by licensing and regulating the profession, made me truly appreciate the qualities of integrity and professionalism that nursing demands. Serving on all committees at one time or another, I learned how parameters are set in the Practice area, how Discipline is meted out fairly, how Education guarantees that our schools of nursing teach minimum standards, how Licensure works to enable nurses to practice their profession, and how the Executive Committee works to assure overall board efficiency. All of the work of the committees must be in accord with the Nursing Practice Act. Of great interest, I learned that our Practice Act is written in broad language to allow us to change with the times. Hence, not every question regarding practice has a simple answer, and inquiries regarding our scope of practice must go to the Practice Committee for debate, sometimes resulting in an official board opinion. I found it essential to define the scope of the Board as well, recognizing that professional organizations REPRESENT, schools TEACH, and the Board of Nursing REGULATES. I value the five years I served on the board, and encourage any nurse willing to commit time and talent to our profession to express an interest in serving to the Director of Professional Registration.”

Both Pat Porterfield and Pat Versluis will be greatly missed. The Board of Nursing members and staff extend wishes for success to each of these dedicated nurses in all of their future endeavors.

DISCLAIMER CLAUSE

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IMPORTANT TELEPHONE NUMBERS

Division of Aging (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

SCHEDULE OF BOARD MEETING DATES THROUGH 2002

March 20-22, 2002

June 4-6, 2002

September 4-6, 2002

December 3-5, 2002

All meetings will be held at the Harry S. Truman State Office Building, 301 West High Street in Jefferson City, Mo. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

“Nurses, Making A Difference One Life at a Time”

Difference/from page 1

the point that his grades began to plummet, and his behavior pushed him deeper into trouble. He was losing his chance for a college education. Daily, even though she showed no outward signs of understanding we would speak to the patient about the troubles her grandson was experiencing without her guidance.

The physicians continued not seeing much improvement in her condition. They ordered EEGs, which showed minimal brain activity. They discussed with the family the option of discontinuing life support, and eventually did so. But Grandma refused to die. Three months later, this patient walked out of the hospital, helped her grandson through high school, and into college.

Today, the opportunities for nurses go far beyond the bedside. One member of the nursing staff is training to be part of a team to climb Mount McKinley. Another member of the staff is preparing to open an orphanage in Africa. One is traveling to Mexico to help build housing, and several more work locally, in a clinic delivering free health care. As nurses, we make a difference in the lives of our patients, families, friends, and visitors. We are with them twenty-four hours a day, seven days a week, fifty-two weeks a year. We cannot claim that a career in nursing is easy. If it were easy, it wouldn’t be so rewarding. Nursing is for individuals who love a challenge, love excitement, love adventure, love to use their intellect, and love variety. As a nurse, it is possible to touch so many lives in so many ways, and truly “Make a Difference, One Life at a Time.”

Center for Disease Control and Prevention

MMWR – Morbidity and Mortality Weekly Report; Oct. 19, 2001/Vol. 50/No. 41

Recognition of Illness Associated with the Intentional Release of a Biologic Agent

On September 11, 2001, following the terrorist incidents in New York City and Washington, D.C., CDC recommended heightened surveillance for any unusual disease occurrence or increased numbers of illnesses that might be associated with the terrorist attacks. Subsequently, cases of anthrax in Florida and New York City have demonstrated the risks associated with intentional release of biologic agents⁽¹⁾. This report provides guidance for health-care providers and public health personnel about recognizing illnesses or patterns of illness that might be associated with intentional release of biologic agents.

Health-Care Providers

Health-care providers should be alert to illness patterns and diagnostic clues that might indicate an unusual infectious disease outbreak associated with intentional release of a biologic agent and should report any clusters or findings to their local or state health department. The covert release of a biologic agent may not have an immediate impact because of the delay between exposure and illness onset, and outbreaks associated with intentional releases might closely resemble naturally occurring outbreaks. Indications of intentional release of a biologic agent include 1) an unusual temporal or geographic clustering of illness (e.g., persons who attended the same public event or gathering) or patients presenting with clinical signs and symptoms that suggest an infectious disease outbreak (e.g., ≥2 patients presenting with an unexplained febrile illness associated with sepsis, pneumonia, respiratory failure, or rash or a botulism-like syndrome with flaccid muscle paralysis, especially if occurring in otherwise healthy persons); 2) an unusual age distribution for common diseases (e.g., an increase in what appears to be a chickenpox-like illness among adult patients, but which might be smallpox); and 3) a large number of cases of acute flaccid paralysis with prominent bulbar palsies, suggestive of a release of *botulinum* toxin.

CDC defines three categories of biologic agents with potential to be used as weapons, based on ease of dissemi-

nation or transmission, potential for major public health impact (e.g., high mortality), potential for public panic and social disruption, and requirements for public health preparedness⁽²⁾. Agents of highest concern are *Bacillus anthracis* (anthrax), *Yersinia pestis* (plague), variola major (smallpox), *Clostridium botulinum* toxin (botulism), *Francisella tularensis* (tularemia), filoviruses (Ebola hemorrhagic fever, Marburg hemorrhagic fever); and arenaviruses (Lassa [Lassa fever], Junin [Argentine hemorrhagic fever], and related viruses). The following summarizes the clinical features of these agents^(3–6).

Anthrax. A nonspecific prodrome (i.e., fever, dyspnea, cough, and chest discomfort) follows inhalation of infectious spores. Approximately 2–4 days after initial symptoms, sometimes after a brief period of improvement, respiratory failure and hemodynamic collapse ensue. Inhalational anthrax also might include thoracic edema and a widened mediastinum on chest radiograph. Gram-positive bacilli can grow on blood culture, usually 2–3 days after onset of illness. Cutaneous anthrax follows deposition of the organism onto the skin, occurring particularly on exposed areas of the hands, arms, or face. An area of local edema becomes a pruritic macule or papule, which enlarges and ulcerates after 1–2 days. Small, 1–3 mm vesicles may surround the ulcer. A painless, depressed, black eschar usually with surrounding local edema subsequently develops. The syndrome also may include lymphangitis and painful lymphadenopathy.

Plague. Clinical features of pneumonic plague include fever, cough with muco-purulent sputum (gram-negative rods may be seen on gram stain), hemoptysis, and chest pain. A chest radiograph will show evidence of bronchopneumonia.

Botulism. Clinical features include symmetric cranial neuropathies (i.e., drooping eyelids, weakened jaw clench, and difficulty swallowing or speaking), blurred vision or diplopia, symmetric descending weakness in a proximal to distal pattern, and respiratory dysfunction from respiratory muscle paralysis or upper airway obstruction without sensory deficits. Inhalational botulism would have a similar clinical presentation as foodborne botulism; however, the gas-

trointestinal symptoms that accompany foodborne botulism may be absent.

Smallpox (variola). The acute clinical symptoms of smallpox resemble other acute viral illnesses, such as influenza, beginning with a 2–4 day nonspecific prodrome of fever and myalgias before rash onset. Several clinical features can help clinicians differentiate varicella (chickenpox) from smallpox. The rash of varicella is most prominent on the trunk and develops in successive groups of lesions over several days, resulting in lesions in various stages of development and resolution. In comparison, the vesicular/pustular rash of smallpox is typically most prominent on the face and extremities, and lesions develop at the same time.

Inhalational tularemia. Inhalation of *F. tularensis* causes an abrupt onset of an acute, nonspecific febrile illness beginning 3–5 days after exposure, with pleuropneumonitis developing in a substantial proportion of cases during subsequent days⁽⁷⁾.

Hemorrhagic fever (such as would be caused by Ebola or Marburg viruses). After an incubation period of usually 5–10 days (range: 2–19 days), illness is characterized by abrupt onset of fever, myalgia, and headache. Other signs and symptoms include nausea and vomiting, abdominal pain, diarrhea, chest pain, cough, and pharyngitis. A maculopapular rash, prominent on the trunk, develops in most patients approximately 5 days after onset of illness. Bleeding manifestations, such as petechiae, ecchymoses, and hemorrhages, occur as the disease progresses⁽⁸⁾.

Clinical Laboratory Personnel

Although unidentified gram-positive bacilli growing on agar may be considered as contaminants and discarded, CDC recommends that these bacilli be treated as a “finding”

MMWR/from page 3

when they occur in a suspicious clinical setting (e.g., febrile illness in a previously healthy person). The laboratory should attempt to characterize the organism, such as motility testing, inhibition by penicillin, absence of hemolysis on sheep blood agar, and further biochemical testing or species determination.

An unusually high number of samples, particularly from the same biologic medium (e.g., blood and stool cultures), may alert laboratory personnel to an outbreak. In addition, central laboratories that receive clinical specimens from several sources should be alert to increases in demand or unusual requests for culturing (e.g., uncommon biologic specimens such as cerebrospinal fluid or pulmonary aspirates).

When collecting or handling clinical specimens, laboratory personnel should 1) use Biological Safety Level II (BSL-2) or Level III (BSL-3) facilities and practices when working with clinical samples considered potentially infectious; 2) handle all specimens in a BSL-2 laminar flow hood with protective eyewear (e.g., safety glasses or eye shields), use closed-front laboratory coats with cuffed sleeves, and stretch the gloves over the cuffed sleeves; 3) avoid any activity that places persons at risk for infectious exposure, especially activities that might create aerosols or droplet dispersal; 4) decontaminate laboratory benches after each use and dispose of supplies and equipment in proper receptacles; 5) avoid touching mucosal surfaces with their hands (gloved or ungloved), and never eat or drink in the laboratory; and 6) remove and reverse their gloves before leaving the laboratory and dispose of them in a biohazard container, and wash their hands and remove their laboratory coat.

When a laboratory is unable to identify an organism in a clinical specimen, it should be sent to a laboratory where the agent can be characterized, such as the state public health laboratory or, in some large metropolitan areas, the local health department laboratory. Any clinical specimens suspected to contain variola (smallpox) should be reported to local and state health authorities and then transported to CDC. All variola diagnostics should be conducted at CDC laboratories. Clinical laboratories should report any clusters or findings that could indicate intentional release of a biologic agent to their state and local health departments.

Infection-Control Professionals

Heightened awareness by infection-control professionals (ICPs) facilitates recognition of the release of a biologic agent. ICPs are involved with many aspects of hospital operations and several departments and with counterparts in other hospitals. As a result, ICPs may recognize changing patterns or clusters in a hospital or in a community that might otherwise go unrecognized.

ICPs should ensure that hospitals have current telephone numbers for notification of both internal (ICPs, epidemiologists, infectious diseases specialists, administrators, and public affairs officials) and external (state and local health

departments, Federal Bureau of Investigation field office, and CDC Emergency Response office) contacts and that they are distributed to the appropriate personnel (9). ICPs should work with clinical microbiology laboratories, on- or off-site, that receive specimens for testing from their facility to ensure that cultures from suspicious cases are evaluated appropriately.

State Health Departments

State health departments should implement plans for educating and reminding health-care providers about how to recognize unusual illnesses that might indicate intentional release of a biologic agent. Strategies for responding to potential bioterrorism include 1) providing information or reminders to health-care providers and clinical laboratories about how to report events to the appropriate public health authorities; 2) implementing a 24-hour-a-day, 7-day-a-week capacity to receive and act on any positive report of events that suggest intentional release of a biologic agent; 3) investigating immediately any report of a cluster of illnesses or other event that suggests an intentional release of a biologic agent and requesting CDC's assistance when necessary; 4) implementing a plan, including accessing the Laboratory Response Network for Bioterrorism, to collect and transport specimens and to store them appropriately before laboratory analysis; and 5) reporting immediately to CDC if the results of an investigation suggest release of a biologic agent.

Reported by: National Center for Infectious Diseases; Epidemiology Program Office; Public Health Practice Program Office; Office of the Director, CDC.

Editorial Note:

Health-care providers, clinical laboratory personnel, infection control professionals, and health departments play critical and complementary roles in recognizing and responding to illnesses caused by intentional release of biologic agents. The syndrome descriptions, epidemiologic clues, and laboratory recommendations in this report provide basic guidance that can be implemented immediately to improve recognition of these events.

After the terrorist attacks of September 11, state and local health departments initiated various activities to improve surveillance and response, ranging from enhancing communications (between state and local health departments and between public health agencies and health-care providers) to conducting special surveillance projects. These special projects have included active surveillance for changes in the number of hospital admissions, emergency department visits, and occurrence of specific syndromes. Activities in bioterrorism preparedness and emerging infections over the past few years have better positioned public health agencies to detect and respond to the intentional release of a biologic agent. Immediate review of these activities to identify the most useful and practical approaches will help refine syndrome surveillance efforts in various clinical situations.

Information about clinical diagnosis and management can be found elsewhere ⁽¹⁻⁹⁾. Additional information about

responding to bioterrorism is available from CDC at <<http://www.bt.cdc.gov>>; the U.S. Army Medical Research Institute of Infectious Diseases at <<http://www.usamriid.army.mil/education/bluebook.html>>; the Association for Infection Control Practitioners at <<http://www.apic.org>>; and the Johns Hopkins Center for Civilian Biodefense at <<http://www.hopkins-biodefense.org>>.

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Licensure Corner

by Lori Scheidt, BS
Acting Executive Director

Missouri State Board of Nursing Licensure Committee Members:
Janet Anderson, RN, MBA, *Chair*
Cordelia (Dee) Esry, PhD, RN
Teri A. Murray, PhD, RN
Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN

LPN License Renewal
Current LPN licenses expire May 31, 2002. LPN renewal notices have been mailed. Please update our office each time you have an address change so you will receive your renewal notice.

Mark your calendars now! If you don't receive a renewal notice by March 15, 2002, contact our office. Our office is staffed Monday through Friday from 8 a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

Age Charts
In the last newsletter, I provided you with Missouri maps showing the count of licensees by county. The charts below show the number of ages by each age.

Frequently Asked Questions and Answers Regarding Prior Criminal History and Disciplinary Actions
The Missouri State Board of Nursing receives numerous



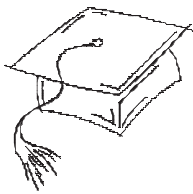
Scheidt

questions from applicants regarding prior criminal offenses. Following are the most frequently asked questions to assist applicants. This document is also available on our web site at www.ecodev.state.mo.us/pr/nursing under the LICENSURE INFO/FORMS tab.

Question: What crimes or license discipline must be reported on the application?
Answer: All convictions, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes misdemeanors, felonies, "driving while intoxicated (DWI)" and "driving under the influence (DUI)." Crimes must be reported even if they are a suspended imposition of sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Missouri or in another state or territory.

Question: Can a person obtain a license as a nurse if they have a misdemeanor or felony crime on their record?
Answer: Each application is evaluated on a case by case basis. The Board of Nursing considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Is there any specific crime that will automatically disqualify an applicant from receiving a license?



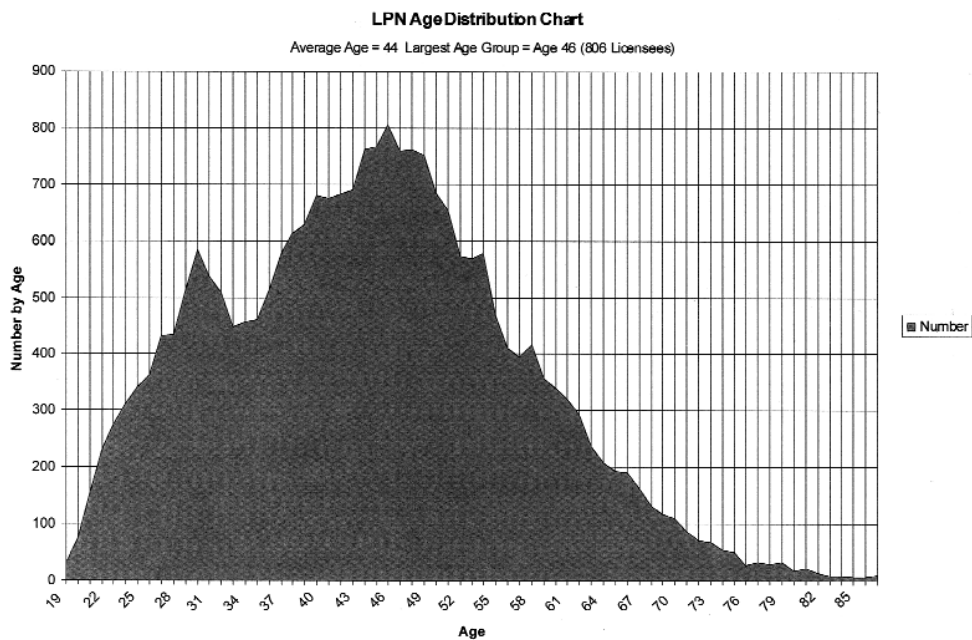
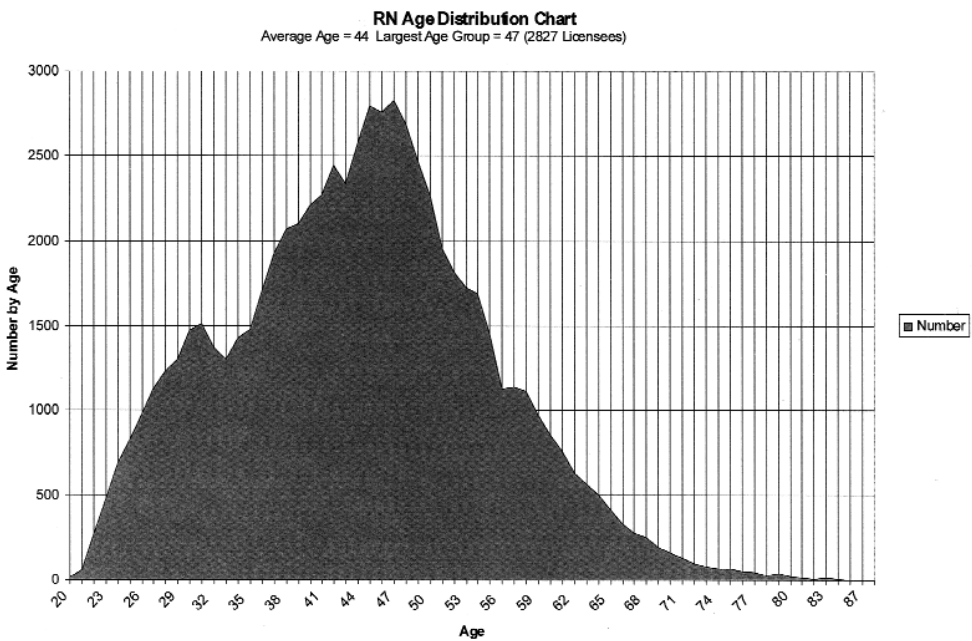
Answer: No. There is not any one specific type of crime that will disqualify an applicant. Again, the Board must review, on a case by case basis, all criminal records and supporting documentation to determine if an application will be approved or denied.

Section 335.066, RSMo, of the Nursing Practice Act can be viewed at: <http://www.moga.state.mo.us/statutes/C300-399/3350066.HTM> and lists the reasons for which a person may be denied a license. Section 660.317, RSMo 1997 can be viewed at <http://www.moga.state.mo.us/statutes/C600-699/6600317.HTM> and addresses background checks for healthcare employees. This statute is under the Department of Social Services. Inquiries about this statute should be addressed to the Department of Social Services, PO Box 1527, Jefferson City, Missouri 65102-1257.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed or closed?
Answer: Yes. Offenses must be reported to the Board even if you received a suspended imposition of sentence and the record is now considered closed.

Question: What type of documentation do I need to submit in support of my application if I have a prior criminal record or license discipline?

LICENSURE CORNER/cont. page 6



LICENSURE CORNER/from page 5

Answer: Certified official court document(s) relative to your criminal record, showing the date(s) and circumstance(s) surrounding your arrest(s)/conviction(s), sections of the law violated, and disposition of the case. This would normally consist of the Complaint or Indictment, the Judgment, Docket Sheet or other documents showing disposition of your case. This can also be referred to as the Order of Probation. The court clerk MUST CERTIFY these court documents.

Certified copy of the documents relative to any disciplinary action taken against any license. The documents must come from the agency that took the disciplinary action and must be certified by that agency.

A detailed description of the circumstances surrounding your criminal record or disciplinary action and a thorough description of the rehabilitative changes in your lifestyle since the time of the offense or disciplinary action which would enable you to avoid future occurrences. It would be helpful to include factors in your life which you feel may have contributed to your crime or disciplinary action, what you have learned about yourself since that time, and the changes you have made that support your rehabilitation.

The burden of proof lies with the applicant to demonstrate evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- If applicable to your crime or discipline, documented evidence of professional treatment and counseling you may have completed. Please provide a discharge summary, if available.
- Letters of reference on official letterhead from

employers, nursing program administrator, nursing instructors, health professionals, professional counselors, support group sponsors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.

- Proof of community work, education, and/or self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

Question: Can I receive a temporary permit if my application is under review?

Answer: If you are applying for a Missouri license by endorsement the answer is no. You will not be allowed to receive a temporary permit until the review has been completed, and a final decision has been made regarding your application.

If you are applying for a license by exam, you may practice under 4 CSR 200-4.020 (3), which allows for graduate nurse practice from your graduation date and until you receive the results of the first licensure examination or until ninety (90) days after graduation, whichever first occurs. You will not, however, be authorized to take the licensure exam until the review has been completed, and a final decision has been made regarding your application.

Question: How long will it take to review the information that I submit with my application?

Answer: In addition to the supporting documents, you are required to provide two completed fingerprint cards. It takes about 2 months to receive the results of the background

checks from the Highway Patrol and FBI. If you are applying for a Missouri license by endorsement, we recommend that you apply for a license at least 3 months prior to when you want to begin employment in this state. If you are applying for a Missouri license by exam, we recommend that you apply at least 3 months prior to your graduation date.

Question: I am licensed in another state and want to receive my temporary license/permit ASAP. Can I obtain a temporary license/permit by coming to the Board office if I have a prior criminal record(s) or out of state disciplinary action on my record?

Answer: No. Temporary permits are not issued until all criminal records, discipline, rehabilitation, and other evidence is fully evaluated.

Question: How can I help facilitate how quickly my application is reviewed?

Answer: The Board of Nursing strongly encourages all individuals with a criminal or discipline history to be fully prepared with information regarding their background and to start the application process early.

VERIFICATION OF A LICENSE

You can verify licenses on-line at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state,

LICENSURE CORNER/

license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse’s name and license number. E-mail the list to nursing@mail.state.mo.us.

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year of license followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday from 8a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us

- On-Line Licensee Search at www.ecodev.state.mo.us/pr

Graduate Nurse Practice



The Rule

State Regulation 4 CSR 200-4.020 (3) reads: “A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs.”

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an **Authorization to Release Confidential Information** form so we may provide you with periodic updates on the person’s exam and licensure information. A sample authorization form is included with this article.

After the Examination

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a “pass” letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary per-

mit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

About Orientation

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

Proper Supervision

According to 4 CSR 200-5.010 (1), proper supervision is defined as, “the general overseeing and the authorizing to

LICENSURE CORNER/

from page 7

direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation.”

AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby
authorize the MISSOURI STATE BOARD OF NURS-
ING to release any and all information regarding my licen-
sure and exam application status as a Licensed Practical
Nurse/Registered Professional Nurse to my employer,
_____,
and/or their representatives.

This release authorizes the Missouri State Board of
Nursing to release the following information: my name,
address, nursing school name, graduation date, eligibility
status, test appointment date, date exam was taken,
whether or not I took the exam and my exam results.
A copy of this authorization will be considered as effec-
tive and valid as the original.

Date _____

Applicant’s Signature

Applicant’s Printed Name

Applicant’s Social Security Number

Fax to the Missouri State Board of Nursing at
(573) 751-6745

Licenses have a new look!

The license paper and style has recently changed. This article contains a scanned image of the new license. Please share this article with your human resources staff.

Always ask to see an original Missouri license or temporary permit before a new employee reports to orientation. Inspect the permit or license to be sure it is an original. We have found that a nurse impostor is more likely to provide a copy of a license or temporary permit to an employer. **It is very important that you view the original document.** If you need a copy for your files, make a copy and clearly indicate COPY on the face of the document prior to filing it.

Here are some tips to help you inspect a license or temporary permit for authenticity.

License

- The license is light blue in color.
- The presence of the State Seal should be in the background.
- The name, license number and expiration date of the license is clear and does not appear altered.
- The image included with this article shows you the new license format.

Temporary Permit

- A temporary permit is only issued for 6 months.
- The Board NEVER re-issues or extends temporary permits.
- A temporary permit will contain the signature of the Executive Director and a raised board seal.
- A temporary permit is printed on Board of Nursing letterhead.



Practice Corner

by Rita Tadych, PhD, RN
Practice Administrator

Missouri State Board of Nursing Practice Committee Members

Arthur Bante, RN, CRNA
Kay Thurston, ADN, RN
Robin Vogt, PhD, RN, FNP-C, Chair
Charlotte York, LPN

DECEMBER 2001 BOARD MEETING

Addition of Nationally Recognized Certifying Body Acceptable to Missouri State Board of Nursing for Advanced Practice Nurse Recognition

At the December 2001 Board of Nursing meeting, the members of the Board made the decision to approve the following nationally recognized certifying body as acceptable to the Board for advanced practice nurse recognition:

- American Association of Critical Care Nurses (AACN) Certification Corporation: Adult, Pediatric, and Neonatal Acute and Critical Care Clinical Nurse Specialist

Addition of New Position Statement

At the December 2001 Board of Nursing meeting, the members of the Board made the decision to approve the following position statement:

MISSOURI STATE BOARD OF NURSING POSITION STATEMENT

PATIENT ABANDONMENT

The Missouri State Board of Nursing believes that the provisions in Chapter 335 and its regulations reflect this State’s public policy that its licensed nurses have a responsibility to faithfully serve the best interests of their patients.

In order to address the many calls received by the Board from licensed nurses seeking guidance on how to protect their individual licenses and also carry out their duty to protect their patients, the Board hereby seeks to clarify some of the parameters of patient abandonment with this position statement. This position statement, however, is meant to be only a general guideline as to what

may constitute patient abandonment from the Board’s perspective, since any and all complaints alleging patient abandonment are considered on a case-by-case basis by the Board.

Patient abandonment occurs after a licensed nurse has come on duty for a previously agreed upon work time period and has accepted his/her patient care assignment/s. Patients’ health, welfare, and safety are key factors in deciding a licensed nurse’s accountability and responsibility in a given situation.

Patient abandonment may include, but is not limited to, the following scenarios:

- Leaving the place or area of employment during an assigned patient care time period without properly advising appropriate person/s so that arrangements can be made for continuation of nursing care by qualified others
- Leaving the workplace without adequately providing a patient status report to oncoming qualified personnel
- Leaving an emergency patient care situation that would be considered overtly dangerous based on the standard of actions of a similarly qualified reasonable and prudent licensed nurse
- Showing lack of competent attention to or leaving a patient in acute distress without proper notification of appropriate personnel and/or without making appropriate arrangements for continuation of nursing care
- Making inadequate patient contacts, assessments, or interventions either directly or indirectly through improper supervision of other nursing care providers
- Sleeping while on duty

Provision of qualified, appropriate, and adequate numbers of personnel to care for patients are the responsibility of the employer. The Missouri State Board of Nursing has no jurisdiction over employment related matters.

The Missouri State Board of Nursing considers the following scenarios to be some examples of employer-employee issues, which, therefore, do not generally constitute instances of patient abandonment to the Board:

- Failure to work beyond previously agreed upon work time period ¹
- Refusal to work in an unfamiliar, specialized, or “high tech” patient care area when there has been no orientation, no educational preparation, or employment experience
- Refusal to report to work
- Failure to call employer or arrive for assigned work time period
- Accumulation of “too many” days not worked
- Failure to return to work from a scheduled leave of absence
- Resignation from a position after completion of assigned patient care time period, such as an assigned shift, and not fulfilling the remaining posted work schedule
- Termination of employer-employee relationship, after completion of an assigned patient care time period, by licensed nurse employee without providing employer with a period of time to obtain replacement for that specific position, such as

resigning without notice.

Approved by the Missouri State Board of Nursing 12/4/2001

¹ The Missouri State Board of Nursing has adopted the following resolution passed by the National Council of State Board of Nursing, Inc. (NCSBN) at its August 2001 Delegate Assembly:

NCSCN promotes safe and effective nursing practices in the interest of protecting public health and welfare. Therefore, National Council recognized the professional responsibility of nurses to accept or decline overtime assignments based on their self-assessment of ability to provide safe care.

APN RECOGNITION SUMMARY STATE OF MISSOURI 12/07/2001*

CLINICAL NURSE SPECIALISTS	409**
• Pediatric	027
• Perinatal	003
• Gerontological	029
• Community Health	002
• Maternal Child	007
• Advanced Oncology	023
• Medical-Surgical	165
• Adult Psychiatric/Mental Health	126
• Child-Adolescent Psychiatric/Mental Health	027
NURSE ANESTHETISTS	1219**
NURSE MIDWIVES	091**
NURSE PRACTITIONERS	2190**
• Adult	328
• Advanced Oncology	002
• Family	1073
• School	0
• Neonatal	120
• Acute Care	021
• Pediatric	311
• Gerontological	087
• Family Psychiatric/Mental Health	002
• Women’s Health	239
• Adult Psychiatric/Mental Health	003
• Psychiatric Mental Health	004
TOTAL NUMBER OF RECOGNITIONS	3909**

NOTE: Earliest recognition date was September 1996

* Numbers of recognitions change monthly
**Actual number of recognitions may be less: (a) if continued recognition requirements have not been met before ‘Document of Recognition’ expiration date, or (b) due to individuals being recognized in more than one specialty area and/or role

FREQUENTLY ASKED QUESTIONS

Q: Can I, a licensed practical nurse, be delegated the assignment of being an “on call” clinical supervisor to address patient care problems encountered by regis-

PRACTICE CORNER/from page 10

tered professional nurses, other licensed practical nurses, or unlicensed assistive personnel on an evening or night shift?

A: Pursuant to the statute, 335.016 (9), RSMo, there is no stated authority for licensed practical nurses to direct or supervise nursing care/clinical practice. According to the statute, all nursing care of licensed practical nurses “shall be given under the direction of a person licensed by a state regulatory board to prescribe medications and treatments or under the direction of a registered professional nurse.” A registered professional nurse, pursuant to authorities identified in 335.016 (10)(e), RSMo, may engage in “the teaching and supervision of other persons in the performance of” nursing acts identified in 335.016 (10)(a) through (d), RSMo.

Based on the above statutory considerations and registered professional nurses’ reasonable and prudent judgments, registered professional nurses may elect to delegate clinical direction and oversight responsibilities for unlicensed assistive personnel to licensed practical nurses, while, at the same time, retaining answerability for their delegative and ongoing supervisory judgments and actions. A registered professional nurse, however, cannot further delegate his/her stated legal accountability and responsibility to direct/supervise the nursing care/clinical practice of licensed practical nurses, as outlined in 335.016 (9), RSMo, to a licensed practical nurse.

Q: Does the State of Missouri allow advanced practice nurses to order sample doses of medication?

A: The provisions in the statute, 334.735.3.(4), RSMo

state that “A physician assistant or advanced practice nurse as defined in section 335.016, RSMo, may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients;”.

Since advanced practice nurses have a clinical specialty area and patient population or group scope of practice based on formal advanced nursing education, national certification, and Board of Nursing recognition, the request, receipt, prescription and distribution/dispensing of non-controlled professional drug samples must conform to their particular advanced practice nurse scope of practice. Furthermore, advanced practice nurses must be in written collaborative practice arrangements with collaborating physicians who have delegated dispensing and prescribing authorities to the advanced practice nurses before the advanced practice nurses can request, receive, prescribe and dispense noncontrolled professional drug samples.

Q: With whom can an advanced practice nurse establish a written collaborative practice arrangement?

A: The statutory authority for establishing a collaborative practice arrangement is found in Chapter 334 (334.104, RSMo). Chapter 334 pertains to the practice of physicians. Therefore, an advanced practice nurse may establish a written collaborative practice arrangement with an individual licensed in Missouri as a physician.

Q: I am a nurse licensed in Missouri. I am approached from time to time with requests to provide nursing care to neighbors or friends – setting up medications, giving medications, and so forth. Can I do this?

A: You must consider what your lawful practice boundaries are as a nurse licensed in Missouri. If you are a registered professional nurse, your practice authorities are identified in the statute, 335.016 (10), RSMo. If you are a licensed practical nurse, your practice authorities are identified in the statute, 335.016 (9), RSMo. For more information about registered professional nurse and licensed practical nurse scope of practice, go to the FOCUS ON PRACTICE button at the Board of Nursing’s Website, www.ecodev.state.mo.us/pr/nursing.

You also need to consider the fact that you are establishing a nurse-patient relationship, no matter how limited the care request or how informal you may consider the arrangement. It will be important to think about the requisite nursing accountabilities and responsibilities to fulfill an appropriate standard of care, along with exploring the real and possible consequences of establishing this particular nurse-patient relationship.

Q: I am graduating soon from an advanced practice nursing education program. When can I start an advanced practice nurse position in Missouri and begin making medical diagnoses and prescribing medical treatment, including writing prescriptions?

A: Once you have submitted all required advanced practice nurse application documents and an advanced practice nurse application filled in correctly and are granted graduate recognition from the Missouri State

Board of Nursing, you may then title, represent yourself, start position and practice as an advanced practice nurse within your Board-recognized graduate clinical nursing specialty area and role. Upon the recognition date, you may sign a written collaborative practice arrangement with a collaborating physician who has elected to delegate to you the medical authorities to diagnose and initiate medical treatment. **YOU MUST HAVE GRADUATE RECOGNITION FROM THE BOARD OF NURSING BEFORE TITLING, REPRESENTING YOURSELF, AND PRACTICING IN A PARTICULAR ADVANCED PRACTICE NURSE ROLE** (nurse anesthetist, nurse midwife, nurse practitioner, clinical nurse specialist).

When you receive results of your certification examination, pass or fail, the board must receive the results within five (5) working days of your receipt of the results, regardless of the expiration date on the graduate status “Document of Recognition.” You may fax your results to 573-751-0075.

If you pass the certification examination, your graduate recognition will be turned over to certified status as soon as the examination results (e.g., congratulatory letter) are received in the office from you. Do not presume your school, an employer, the certifying body, or anyone else will act in your behalf in accord with the rule’s time frame requirements. Once the results are received in the board office, you will then receive a new advanced practice nurse “Document of Recognition” in the mail; it will appear similar to your RN license documents.

If you are unsuccessful with the certification examination, you lose recognition, which also means you cannot continue any advanced practice nurse position, title, nor written collaborative practice arrangement (which must be terminated in writing). Along with getting your unsuccessful test results to the board office, you may submit a written request to keep your application open until you obtain your retest results; you would need to include a statement concerning your next planned retest time. Certified status requirements will need to be met by individuals who have had unsuccessful certification examination results before Board of Nursing recognition can be granted.

For a copy of the Missouri State Board of Nursing’s advanced practice nurse application forms and other advanced practice nurse information, go to the **ADVANCED PRACTICE** button at the Board of Nursing’s Website, www.ecodev.state.mo.us/pr/nursing.

Discipline Corner

by Liz Cardwell, MEd, RN
Discipline Administrator

**Missouri State Board of Nursing
Discipline Committee Membership**

Charlotte York, L.P.N., Chairperson
Paul Lineberry, Ph.D.
Cordelia Esry, PhD., R.N.
Arthur Bante, R.N., C.R.N.A.
Kay Thurston, A.D.N., R.N.

The Missouri State Board of Nursing is pleased to be a participant in a research study developed by the National Council of State Boards of Nursing. Our participation is pro-active and preventative in nature in that we will acquire information which will be of assistance in addressing problematic practice areas, which in the past may have resulted in disciplinary action.

The following is a description of the research study, the information was provided by Ms. Vickie Sheets, JD, RN, NCSBN Director of Practice and Regulation.

An Epidemiology of Nursing Error

The overall aim of the research study *An Epidemiology of Nursing Error* is far reaching – to promote patient safety by better understanding nursing practice breakdown and by improving the effectiveness of nursing regulation. Boards of Nursing possess a rich source of data that can be used to identify sources of nursing error and thus are well positioned to add to the body of knowledge surrounding this aspect of medical errors. This research undertakes describing and classifying the characteristics of various nursing errors.



Cardwell

The National Council of State Boards of Nursing Practice (NCSBN) Breakdown Research Advisory Panel, working with Patricia Benner, PhD, FAAN, RN, of the University of California at San Francisco and Vickie Sheets, JD, RN, NCSBN Director of Practice and Regulation, analyzed 20 discipline cases obtained from various jurisdictions to discover characteristics of nurses at risk for making errors and to learn more about practice breakdown by analyzing their stories. In the pilot study, the documents reviewed included original discipline complaints, investigative reports, selected documentation, public documents related to the case. When available, the analysis included the Nurse’s story in his or her own handwriting and/or transcripts of the nurse’s interactions with the regulatory agency. Nurse and patient names were redacted from all materials prior to submission for analysis.

The data from the pilot cases was used to develop an audit instrument called TERCAP – *A Taxonomy of Error, Root Cause Analysis and Practice Responsibility*. This instrument was used to track case elements and recurring themes. The study of cases also involved analysis for root cause, competency level and individual responsibility.

Implementation of Study

To implement the actual study, the goal is for a total project sample size is 150 – 300 cases. It is desirable to include boards of all sizes and organizational structure as well as from different geographical regions. All levels of nursing licensure will be included in the study: Registered Nurses (RN), Licensed Practical/Vocational Nurses (LPN/VN) and Advanced Practice Registered Nurses (APRN). The number of cases expected from each participating board will depend on number of boards participating and will be based on a specified percentage of discipline actions in the participating board’s previous fiscal year.

Six boards, including Missouri, have submitted Participation Agreements for the study; eleven other states have also expressed interest in participating. After participating board representatives receive orientation to the use of the TERCAP instrument, they will complete the TERCAP for a sample of practice related discipline cases and submit the instruments to the NCSBN for data collection and analysis. The review of the frequency and interrelationship of the type and any clusters of errors will enable the identification of linkages between types of errors and root system problems. Patterns of workplace conditions may identify combinations of workplace factors that place patients at higher risk for nursing error. Such knowledge could support the development of proactive measures in collaboration with facilities, agencies and nursing organizations that could be implemented before patient harm occurs.

Other Resources from Study

A monograph based on the study’s pilot cases, entitled *Lessons from Boards*, will address the experiential learning that can be gleaned from the pilot study Board of Nursing discipline cases. It will describe how the nature of complex health care settings and the rapid pace provide a challenging context for nursing practice. The nurse is the most generally educated and has the most patient presence – an eight-hour interface with patients in most institutional settings. *Lessons from Boards* will emphasize professional responsibility and the nurse’s critical role in monitoring quality and providing for patient safety. The *Lessons* will also identify system issues that contribute to practice breakdown and suggest elements for system redesign as well as approaches for the management of practice breakdown and preventing error. The monograph is to be published in 2002.

Conclusion

An Epidemiology of Nursing Error will study actual discipline cases to explore whether there are early signs that could be used to identify nurses at greater risk of practice breakdown. It is expected that learning from the disciplined Nurse’s story and experience can be used to improve the effectiveness of nursing regulation and to promote prevention of future practice breakdown.

Education Corner



by Marilyn K. Nelson, RN, MA
Education Administer

Missouri State Board of Nursing Education Committee Members:

Cordelia Esry, PhD, RN
Janet Anderson, MBA, RN
Art Bante, BSA, RN, CRNA
Teri Murray, PhD, RN

Just as in the last newsletter, I have NCLEX® on my mind. This is partially due to the fact that I, all the staff of the Board of Nursing and some of the Board members, just recently participated in the Alpha test conducted by VUE to test the entire examination process from registration through result notification. Remember VUE, also known as NCS Pearson, will be the vendor for the nursing licensing examinations come October 2002. We registered (by mail, phone, or Internet), awaited our authorizations to test, scheduled our exam date, traveled to the testing center in Columbia where we went through the check-in process (even had fingerprints taken) and actually took an exam. Each of us participating in the Alpha testing was given a script directing us what to do so that all procedures and processes of the testing system could be thoroughly tried and proven. The questions on the RN and PN examinations were ones that had been discarded by NCLEX® and our test scores were not a factor in the testing; but I think we were still all a little anxious to see how we performed. All of the staff thought it was a good experience and the non-nurses thought it gave them insight as to what a candidate experiences and thus will assist them in answering some of the questions they receive. The scripts we received had a rating system and comment area for each step of the process. These were forwarded to VUE who will use them to adjust and revise their systems and procedures as necessary to prepare for the Beta testing with actual candidates in March and April 2002.

Both the NCLEX®-RN and PN examinations are developed via use of a test plan consisting of four categories of Client Needs. These Client Needs are further divided into subcategories that define the content within each of the four major areas. The categories and subcategories are:

Safe, Effective Care Environment

1. Coordinated Care
2. Safety and Infection Control

Health Promotion and Maintenance

3. Growth and Development Through the Life Span
4. Prevention and Early Detection of Disease

Psychosocial Integrity

5. Coping and Adaptation
6. Psychosocial Adaptation

Physiological Integrity

7. Basic Care and Comfort
8. Pharmacological Therapies
9. Reduction of Risk Potential
10. Physiological Adaptation

In addition, there are identified concepts and processes fundamental to the practice of nursing that are integrated throughout the four major categories: nursing process, caring, communication and documentation, cultural awareness, self-care and teaching/learning.

The test plan gives examples of the content areas to be covered in each subcategory. For example, in the subcategory of Safety and Infection Control, content includes medical and surgical asepsis and the use of restraints. The subcategory of Basic Care and Comfort includes content relating to nutrition and palliative care.

The percentage of questions allocated to each Client Needs category is based on the results of a job analysis periodically conducted by the National Council of State Boards of Nursing (NCSBN). The job analysis links the examination to actual practice. Nursing practice activities are analyzed in relation to (1) the frequency of their performance, (2) their impact on maintaining client safety, and (3) the settings in which they are performed. This analysis aids in determining the knowledge, skills, and abilities essential for an entry-level nurse to provide safe and effective care.

There are separate test plans for the professional and practical nursing examinations but both use the same set of Client Needs categories and subcategories. The current version of the NCLEX®-PN examination becomes effective April 2002. The Board of Nursing mailed a copy of the plan to each of the practical nursing programs in Missouri this fall. Both the RN and PN test plans can be downloaded from the NCSBN web site at www.ncsbn.org.

The NCSBN Board of Directors also reviews the passing standards for the NCLEX®-RN and PN examinations on a periodic basis. To coincide with the revised NCLEX®-PN test plan, the Board of Directors voted in November to retain the current passing standards for the PN examination effective April, 2002. To assist in determining the passing standards, the NCSBN convenes a panel with representation from various regions of the country, nursing specialties, nursing educators, and newly licensed nurses to make sure that the examination continues to reflect the appropriate level of knowledge, skills, and abilities needed for safe and effective practice. We would like to thank the following Missouri nurses recently serving as panel members or alternates:

Angelia Blake, Normandy, Mo.

Rosemary Zelazek, Warrensburg, Mo.
Susan Green, Eldon, Mo.
Jennifer Lombardi, Kansas City, Mo.

The NCSBN offers other services in addition to being responsible for the NCLEX® examinations. I want to mention two of them that will be of interest to nursing educators. The NCSBN has a learning extension and offers a course entitled “Assessment Strategies for Nursing Educators: Test Development and Item Writing” version 1.2. The course is intended for those who need to learn the basics or refresh their knowledge of writing test questions. It is an online course consisting of eight lessons in which the participant has six weeks of unlimited access to complete. The course includes interactive exercises, a Practice Drill Workbook and access to course faculty. Upon completion of the course, the participant is awarded 14.4 contact hours. The course requires use of an Internet browser that fully supports both Java and JavaScript to be compatible with the VCampus set up. The cost of the course is \$199 per participant. A 10% discount is available if ten or more people within an organization participate. For more information, visit the National Council’s Learning Extension at www.nclex.com.

Programs of nursing can subscribe to NCLEX® Program Reports, which provides educators with information about their students’ performance on the licensure examination. The reports are available at a yearly cost of \$300 for the registered nurses and \$200 for the practical nurse report. Some of the information included in the Program Reports: a comparison of a program’s graduates to graduates from other programs in Missouri, the percentage of a program’s graduates who took the minimum and maximum number of questions, an overview of a program based on NCLEX® examination passing rates and information about a program’s rank nationally and within Missouri by the Test Plan categories. There are several other reports included in the package. A program receives two reports per year – the first report contains data collected between Oct. 1 and March 31 and the second report contains data collected between April 1 and Sept. 30. By comparing each edition of the NCLEX® Program Reports, faculty can identify trends, strengths and weaknesses of graduates of their program, which can assist in determining needed curriculum revisions. For subscription questions, call NCLEX® Program Reports Call Center at 800-325-9601.

I’ve discussed the test construction course and the Program Reports not to “drum up” business for NCSBN, but to inform you of services available that can be of benefit to faculty and nursing programs in providing quality education.

Hope you all had an enjoyable holiday season and I look forward to working with you in 2002.



Nelson

Summary of Actions from December 2001

Administrative Matters

- ✓ New members, Teri Murray, PhD, RN, and Kay Thurston, ADN, RN, were welcomed to the Board.
- ✓ The Strategic Planning Initiatives for 2002 were adopted

Practice Matters

A Patient Abandonment Position Statement was adopted.

Education Matters

Expansion of Current Program – The following school requested and was approved for the following expansion.

- ◆ North Central Missouri College – Practical Nursing Program #17-185 (provide an outreach One-Plus-One Associate Degree Nursing Program at Northwest Area Technical School in Maryville.)

Discipline Matters

The Board held 2 disciplinary hearings and 4 violation hearings.

DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Restricted License
JULIE S. HOLLIDAY ST LOUIS, MO	PN 2001 030 652	Section 335.066.1 and .2 (2) RSMo On 3/25/99, Licensee pled guilty to possession with intent to deliver a controlled substance. On 10/19/99, Licensee pled guilty to possession of a controlled substance.	11/27/01 to 2/18/05
KAREN MARIE KEATON HOLTS SUMMIT, MO	PN 2001 027 631	Section 335.066.1 and .2 (1) (2) (14) RSMo From 2/88 to 9/3/97, the licensee unlawfully possessed and consumed Cocaine periodically on an on-going basis.	10/22/01 to 10/22/03
ELIZABETH ANN LEACH SPRINGFIELD, MO	RN 2001 022 559	Section 335.066.1 and .2 (2) RSMo On 7/18/00, pled guilty to fraud by check and pled guilty to driving under the influence.	9/10/2001 to 7/13/2004
SANDRA ELAINE WYNN CAIRO, IL	RN 2001 027 714	Section 335.066.1 and .2 (1) (2) (14) RSMo On 7/29/88, pled guilty to cruelty to children. On 8/18/92, pled guilty to theft. On 12/7/92, found guilty of prostitution. On 7/15/93, pled guilty to theft. On 8/5/94, pled guilty to burglary. From 1991 until 1997, possessed and consumed controlled substances, including crack cocaine, periodically on an ongoing basis.	10/22/01 to 2/26/04

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
MARION I. ARNOLD ANDERSON, MO	RN 109213	Section 335.066.2 (8) RSMo On 10/26/00, licensee's Arkansas nursing license was disciplined by the Arkansas State Board of Nursing.	10/5/01
ELLEN KAY CARPENTER Lees Summitt, MO	RN 096705	Section 335.066.2 (5) (6) (12) (14) RSMo On 10/12/99, in her capacity as an adult nurse practitioner, licensee wrote a prescription for Hydrocodone with APAP 5mg/500mg for a patient. On 10/13/99, Licensee wrote a prescription for Xanax 0.25mg for a patient.	11/1/01
KELLY R. CASTOR FARMINGTON, MO	PN 050054	Section 335.066.2 (2) RSMo On 5/17/99, Licensee pled guilty to defrauding secured creditors.	10/5/01
MARCIA M. CHAPMAN SEDALIA, MO	RN 087000	Section 335.066.2 (5) (12) RSMo On 8/12/99, licensee administered Diazepam 5 mg IV push and Meperidine 75mg IV push to a patient without a physician's order. Licensee failed to fully document the medication that was administered to the patient.	11/28/01
NIRA M. CHAUVIN FENTON, MO	RN 113809	Section 335.066.2 (5) (6) (12) RSMo Licensee worked as an adult nurse practitioner from 7/9/97 to 6/8/99 without recognition to practice through the Missouri State Board of Nursing.	11/8/01
KRISTIE A. FEARS FARMINGTON, MO	PN 044764	Section 335.066.2 (2) RSMo On 9/15/00, Licensee entered an alford plea to possession of a controlled substance.	11/28/01
SUSAN W. FELTEN PILOT GROVE, MO	RN 064596	Section 335.066.2 (5) (6) (12) RSMo From 1/1/98 to 8/2/99, Licensee practiced as a family nurse practitioner on a lapsed recognition.	8/1/01
LISA R. FITCH KANSAS CITY, MO	RN 099746	Section 335.066.2 (6) (14) RSMo On 3/26/99, Licensee, in her capacity as a women's health nurse practitioner, wrote a prescription for Darvocet N-100 for a patient; which is beyond the scope of practice as an advanced practice nurse.	12/12/01
JO ANNE HUMMEL DITTMER, MO	RN 072907	Section 335.066.2 (5) (6) (12) RSMo Practiced as an RN on a lapsed license from 5/1/99 to 2/14/01	10/18/01

CENSURED LIST/from page 16

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
YLANDO M. HURST LENEXA, KS	PN 040800	Section 335.066.2 (5) (12) RSMo On 12/4/99, after a patient had expired, the licensee documented that CPR had been unsuccessfully initiated even though no one had performed CPR on the patient.	9/26/01
SHARON M. MATHEWS TROY, MO	RN 144198	Section 335.066.2 (5) (12) RSMo Licensee violated facility policy be engaging in a personal relationship with an inmate.	10/26/01
PATRICK A. PATER BISMARCK, MO	RN 092674	Section 335.066.2 (2) RSMo On 6/22/00, Licensee pled guilty to possession of a controlled substance.	10/12/01
LINDA M. PICKER ELLISVELLE, MO	RN 122659	Section 335.066.2 (5) (6) (12) (14) RSMo On 3/1/00, Licensee, in her capacity as a Board recognized adult nurse practitioner, authorized a prescription for Restoril, a controlled substance, when the patient called in for a refill of Zestril.	10/5/01
DEBRA A. ROTH HAZELWOOD, MO	PN 032659	Section 335.066.2 (2) RSMo On 12/15/00 and on 1/16/01, Licensee pled guilty to passing bad checks.	10/10/01
CHRISTINE M. SIESENER ST CHARLES, MO	RN 143093	Section 335.066.2 (5) (12) RSMo On 6/28/00, Licensee charted that she had administered Vancomycin to the patient when she had not.	11/28/01
VALERIE K. SOMMER KANSAS CITY, MO	RN 103715	Section 335.066.2 (5) (6) (12) (14) RSMo On 5/5/99, Licensee wrote a prescription for Androdem, a controlled substance, for a patient.	10/26/01
VIRGINIA E. TURNER BALLWIN, MO	RN 055694	Section 335.066.2 (5) (6) (12) RSMo Licensee practiced as a clinical nurse specialist at 2 separate facilities without Missouri State Board of Nursing recognition from 12/97 to 11/99 and 11/99 to 10/11/00.	7/13/01
JOEL L. TYSER MEXICO, MO	RN 078835	Section 335.066.2 (5) (6) (12) RSMo Licensee worked as a certified registered nurse anesthetist from 7/1/97 to 6/20/00 and was not recognized as a nurse anesthetist through the Missouri State Board of Nursing.	06/05/01

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
SONIA T. ABELL PALMYRA, MO	PN 055063	Section 335.066.2 (5) (12) RSMo Licensee forged client's signature on the home health visit reports for visits on 6/1/99, 6/5/99, and 6/12/99.	10/5/01 to 10/5/03
KAREN A. BAYBO ST LOUIS, MO	PN 050757	Section 335.066.2 (2) RSMo On 2/2/01, Licensee pled guilty to fraudulently attempting to obtain a controlled substance.	11/29/01 to 11/29/04
CATHRYN J. BOARDMAN ST LOUIS, MO	PN 029843	Section 335.066.2 (2) RSMo On 9/29/99, Licensee pled guilty to passing bad checks.	11/28/01 to 11/28/04
CHRISTINA M. BRUNO ROLLA, MO	RN 130428 PN 041071	Section 335.066.2 (1) (12) (14) RSMo Licensee violated Missouri State Board of Nursing agreement in that she knowingly possessed and consumed Marijuana on 7/5/00. On 7/5/00, she tested positive for the presence of Cannibinoid.	11/14/01 to 11/14/03
JOHN B. EDWARDS MARIONVILLE, MO	RN 131620	Section 335.066.2 (1) (5) (12) (14) RSMo Licensee misappropriated Demerol on an ongoing basis for personal consumption.	10/10/2001 to 9/13/03
JANETTE R. FRAZEE NIXA, MO	RN 130184	Section 335.066.2 (1) (5) (12) (14) RSMo In 9/00, Licensee placed a prescription of Norco in her pocket after the patient refused the prescription intending to destroy it. However, the licensee eventually had the prescription filled for her personal consumption and refilled twice before being arrested during the third attempt to refill it.	10/5/01 to 10/5/04
CONNIE D. HUEBNER SPRINGFIELD, MO	PN 055116	Section 335.066.2 (1) (5) (12) (14) RSMo On 6/25/00, Licensee misappropriated a card of Ativan for her personal consumption.	10/26/01 to 10/26/03
LOU ANN LORTS JEFFERSON CITY, MO	RN 140842	Section 335.066.2 (1) (5) (12) (14) RSMo From 10/98 to 4/26/99, Licensee misappropriated Demerol and Tylenol with Codeine on an on-going basis for her personal consumption due to severe migraine headaches.	10/18/01 to 10/18/03
PAMELA J. LOWREY FERGUSON, MO	RN 114979	Section 335.066.2 (1) (5) (12) (14) RSMo Between 1/99 and 4/99, the licensee withdrew narcotics from the pyxis and failed to document the administration for 85 patients that were not assigned to her. On 4/23/99, the licensee unlawfully consumed Propoxyphene and Hydrocodone.	11/28/01 to 11/28/04

PROBATION/

from page 18

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
GINGER A. MCCANE POPLAR BLUFF, MO	PN 050767	Section 335.066.2 (1) (5) (12) (14) RSMo In 5/97, Licensee knowingly misappropriated Lorcet, Darvocet, Tylox, and Vicodin on more than one occasion for her personal consumption.	06/27/01 to 06/27/04
COLBY S. MCCLAIN KANSAS CITY, MO	RN 146373	Section 335.066.2 (5) (12) RSMo On 4/26/00, the licensee failed to complete the entire checklist for a patient's blood transfusion. On 5/4/00, the licensee indicated a diabetic patient was NPO without checking with the patient's physician.	9/26/01 to 9/26/02
JAMES W. PATTON BARNHART, MO	PN 052134	Section 335.066.2 (5) (6) (12) RSMo From 8/26/98 to 9/17/98, Licensee worked as a graduate RN when he did not have a degree from a nursing school.	9/18/01 to 9/18/04
KRISTI K. PETERS EAST PRAIRIE, MO	RN 116944	Section 335.066.2 (1) (5) (12) (14) RSMo In 1999, Licensee misappropriated Tylenol #3 and Percocet on more than one occasion for her personal consumption.	10/11/01 to 10/11/04
VALERY RICHARDS HOLLISTER, MO	PN 038979	Section 335.066.2 (5) (12) RSMo On 5/24/00, Licensee forged a prescription order for herself for Fioricet and signed the name of a family nurse practitioner.	12/5/01 to 12/5/04
VERNA L. RISENHOOVER MARTINSBURG, MO	RN 144361	Section 335.066.2 (2) RSMo On 9/8/98, Licensee pled guilty to driving while intoxicated. On 6/2/00, Licensee pled guilty to driving while intoxicated, prior offender.	11/9/01 to 6/2/02
PATRICIA A. SCHOMBURG LIBERTY, MO	RN 120149	Section 335.066.2 (1) (5) (12) (14) RSMo Licensee misappropriated Demerol on at least 2 occasions for her personal consumption in November and December 1999.	11/8/01 to 11/8/04
LINDA J. SMITH COLUMBIA, MO	RN 120442	Section 335.066.2 (2) RSMo On 12/20/99, Licensee pled guilty to felony sale of a controlled substance.	9/20/01 to 9/20/04
RENEE VAHEY O Fallon, MO	RN 103075	Section 335.066.2 (1) (5) (12) (14) RSMo Licensee withdrew Percocet and Vicodin during March and April of 1998 for personal consumption and did not chart these medications as administered or wasted.	11/28/01 to 11/28/04
CAROLYN A. WASHINGTON ST LOUIS, MO	PN 032393	Section 335.066.2 (5) (6) (12) RSMo Practiced as a Licensed Practical Nurse on a lapsed license from 6/1/94 to 12/6/00.	10/18/01 to 10/18/02 or until CEU requirement has been met.

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension	Effective Date of Probation
KIMBERLY G. GIBSON ST JAMES, MO	RN 117151	Section 335.066.2 (5) (12) (14) RSMo Licensee misappropriated drugs, abused drugs while on duty, falsified a doctor's orders, charted wasting a controlled substance without a witness, filled prescriptions for a deceased patient, and made false misrepresentations as to the disposition of the Demerol at the nursing facility.	10/30/2001 to 10/30/2003	10/30/2003 to 10/30/2008
KAREN E. HIGMAN JOPLIN, MO	RN 124286	Section 335.066.2 (2) RSMo On 11/9/99, Licensee pled guilty to possession of a controlled substance.	9/19/01 to 9/19/03	9/19/03 to 9/19/06

REVOCATION LIST

Name	License Number	Violation	Effective Date of Revocation
MARY K. DONOHUE ST CHARLES, MO	RN 117171	Licensee violated the terms of her Board Order by carrying narcotic keys, dispensing narcotic medications to residents and working without direct supervision by another nurse or physician.	1/20/2000
PAULA M. EYE POTOSI, MO	PN 050052	Section 335.066.2 (2) RSMo On 1/8/01, Licensee pled guilty to class B felony robbery in the second degree and class B felony burglary in the first degree for invading the home of an individual who had employed the licensee as a housekeeper.	11/14/01
MARK J. MAAS ST LOUIS, MO	PN 051545	Section 335.066.2 (2) RSMo On 8/1/01, Licensee pled guilty to class B felony elder abuse and class C felony involuntary manslaughter.	11/7/01
GAIL A. SCHLAU MARGATE, FL	PN 041703	Violated Missouri State Board of Nursing Agreement by not attending required meetings and not submitting required documentation.	11/14/01

VOLUNTARY
SURRENDER LIST

Name	License Number	Effective Date
FRANCES C. BAILEY CARROLLTON, MO	RN 104156	9/19/01
NANCY COMSTOCK HOLDEN, MO	RN 070104	9/19/01
THOMAS L. KIRK NEW BLOOMFIELD, MO	RN 126859	9/28/01
DONNA J. SISK EAST PRAIRIE, MO	PN 042028	10/26/01
THERESA M. WILLIAMS ST LOUIS, MO	PN 037125	9/19/01
*Surrender is not considered a disciplinary action under current statutes.		

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of February 04, 2002

Profession	Number
Licensed Practical Nurse	24,460
Registered Professional Nurse	72,074
Total	96,534

DID YOU CHANGE YOUR NAME?
DID YOU CHANGE YOUR ADDRESS?
DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing..... “ and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Please feel free to use the form below to notify the board office of your name and/or address change.

records a letter verifving this changee will be mailed to vou.

NAME AND ADDRESS CHANGE NOTICE

1. Is this an address change? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. Is this a name change? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City		State	Zip Code
NEW INFORMATION (please print)			
First Name		Last Name	
Address (if your address is a PO Box , you must also provide a street address):			
City		State	Zip Code Telephone Number
Please provide signature:			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and wall hanging document), and the required fee of \$15 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen, please contact our office. Request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on the website at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)